

AFFIDAVIT OF INDIGENCY - TRC 145

CAUSE NO. _____

_____ ☐ IN THE DISTRICT COURT
_____ ☐ _____ JUDICIAL DISTRICT
_____ ☐ _____ COUNTY, TEXAS

THE STATE OF TEXAS:
COUNTY OF _____:

The undersigned makes this affidavit in connection with the filing of the above-numbered and entitled cause without the posting of a security deposit and for the purpose of having citation issued in accordance with Rule 145, Texas Rules of Court. (*The items applicable to the undersigned and checked and the information called for is furnished under penalties of perjury.*)

1. Basis for indigence: I am unable to pay a court cost because:

☐ I am presently receiving a government entitlement based on indigence as follows (describe nature and amount of government entitlement): _____

_____ and

I have no ability to pay court costs based on facts set out below.

2. Employment information:

☐ I am not now employed; the last time I was employed was _____ at _____.

☐ I am employed: I work for _____.
The nature of the job is _____. The income I receive from this job is \$_____ per _____.

3. Income from sources other than employment:

☐ I have no income which is derived from sources other than employment, such as interest, dividends, annuities, etc.

☐ I have income derived from sources other than employment as follows:

<u>Type of income</u>	<u>Amount per period</u>
_____	_____
_____	_____

4. Spouse's Income

☐ My spouse has no income.

☐ My spouse has income as follows:

Type of income

Amount per period

5. Property:

[] I own no property and no interest in any property.

[] I own the following interests in property:

Real Estate: _____

Motor Vehicles: _____

Stock and/or bonds: _____

Cash _____

Other: _____

6. Bank Accounts:

Bank

Type of Account

Amount

7. Dependents:

[] I have no dependents.

[] I have the following dependents:

Name

Age

Relationship

8. Debts

[] I have no debts.

[] I have the following debts:

Creditor

Amount

9. I have the following monthly expenses:

Type of Expense:

Amount per month

I am unable to pay the costs of court. I verify that the statements made in this affidavit are true and correct..

Signed this the _____ day of _____ 20____.

Affiant

Sworn and Subscribed to before me this the _____ day of _____ 20____.

Notary Public, _____ County, Tex. Name Printed: _____
My commission expires: _____

ATTORNEY FOR THE AFFIANT SHALL CERTIFY THE CONDITIONS UNDER WHICH HE REPRESENTS THE AFFIANT.

Date: _____ 20____

Signature of Attorney